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ABSTRACT

This report describes how a victim of sexual misconduct by a therapist and the victim's response to a conference presentation by a member of the Wisconsin State Psychology Examining Board on the stages involved in the filing, investigation, prosecution, and adjudication of complaints made to the Board helped to create the Wisconsin Coalition on Sexual Misconduct by Psychotherapists and Counselors. It explains: (1) the creation of a task force to study the subject and make recommendations for action; (2) the expansion of the task force to include representatives of every mental health profession and related groups; (3) the task of the larger group to establish a set of goals and objectives; (4) a survey taken of mental health professionals in Wisconsin asking whether they had someone in therapy who had sexual contact with a therapist or counselor which revealed 655 reports of sexual misconduct with a therapist or counselor; (5) the need for legislative changes and actions being taken to effect such changes; and (6) task force publication of guides for clients and positions papers on relevant issues. The paper describes how the task force became a coalition, lists the membership of the coalition, outlines agenda items currently under consideration, and gives the ingredients for a successful coalition. (NB)

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THE WISCONSIN COALITION ON SEXUAL MISCONDUCT BY PSYCHOTHERAPISTS AND

COUNSELORS: A COMMUNITY EFFORT

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When the Wisconsin Psychological Association held its April, 1983 semi-annual conference on the topic of "Sexual Abuse: In the Home, In the Professional Office, In the Business Office, and In the School," no one expected that there would be an ongoing effort by the Association to deal with these problems individually or collectively. Something happened, however, that brought one of the topics to center stage and made it a matter for a major effort by the Association.

One of the presentations was by a member of the State Psychology Examining Board. He went through the stages involved in the filing, investigation, prosecution, and adjudication of complaints made to the Board, and indicated probable outcomes as a result of what took place at each level. Then a hand went up, and a woman stood up and said, in measured tones, "I speak from the standpoint of the victim, that has never been listened to." She went on to describe numerous problems with the way the Board handled her case, the slap-on-the-wrist given the perpetrator, and the ensuing psychological, financial, and other damage which resulted for her, the victim.

I spoke with her at some length after the conference. Two months later, she came to interview me as a potential therapist, and in October 1983 she began therapy with me -- and I learned in great detail how the abuse by the system was in some ways as bad as or worse than the abuse by the therapist. Thus, through her speaking at the conference and the followup related to therapy, she was the catalyst for what was to become the Wisconsin Coalition on Sexual Misconduct by Psychotherapists and Counselors, and she has remained one of its driving forces ever since.

As President of the Wisconsin Psychological Association, I was in a position to lead discussion of a WPA role in improving the state of affairs, so that no other victim need go through what she did. That discussion led to a call for volunteers for a Task Force to study the subject and make recommendations for action. That Task Force was fully constituted by June of 1984, when it held its first meeting, and it has meet monthly ever since. The initial membership consisted of several psychologists, the attorney and administrative assistant for the Psychology Examining Board, and my patient. The Chair was a former Chairman of the Psychology Examining Board. The first several months were spent determining the current status of the problem and the systems in place to

address it. Each of us had to come up to speed re: what happened when a complaint was made -- to a district attorney or licensing board or professional ethics committee, both what was supposed to happen and what did happen. We had to become conversant with the needs of victims, the nature of perpetrators, and the ways current laws and administrative codes addressed each. And we had to learn about ways in which the various systems might be impacted.

By the end of 1984, we were ready to expand membership, so we invited representatives of every mental health profession and related groups to a meeting in January of 1985, with every group except psychiatry responding (though they later sent someone). While remaining a Task Force of the Wisconsin Psychological Association, the group had now tripled its membership and was ready to try to influence the system.

Part of our success was the luck of having a number of concerned organizations, each of which could find at least one person who was interested in our work and willing to give up half of the first Monday each month to attend a two-hour meeting and possibly do some committee work between meetings. The Task Force was also lucky to find employers who would give people time away from work for a good cause or even urge an employee to contribute. It is the commitment of numerous people from various professions which has permitted the Task Force/Coalition to succeed.

One result of the united commitment that evolved has been that nearly all questions are decided by consensus. We have taken the time to discuss all sides of issues as they arise, with the result that nearly everyone can accept one or another solution before too long. This has helped maintain the cohesiveness of the group and kept us from losing sight of the reason for our existence.

The primary task of the enlarged group was to establish a set of goals and objectives on which we could work together, which was adopted by the Task Force on July 1, 1985. The items ranged from the global goal to "prevent future occurrences of sexual misconduct by psychotherapists" to specifics such as improving the definition of "psychotherapy" in the state statutes, changing the civil statute of limitations on when malpractice actions could be commenced, and preparation of pamphlets and other materials to educate the professions and the general public. We have continued to work on those goals and objectives for more than two years, publishing an annual update on our progress and picking up additional goals and objectives as we proceeded. We are now in the process of defining a new set of goals and objectives for the coming year or two.

A major undertaking was a survey done of mental health professionals in Wisconsin, who were asked whether they had had someone in therapy or counseling between 1982 and 1984 who had sexual contact with a therapist or counselor. Nearly 1,600 responses were received, including 655 reports of sexual misconduct. These are not discrete cases, however, since it is known that some victims saw more than one therapist/counselor and some perpetrators had multiple victims. While the survey was not as rigorous as we would have liked, in retrospect, it served to clearly demonstrate that there are MANY more cases of sexual misconduct in Wisconsin than could be discerned from looking at the relative handful of reports to licensing boards and professional ethics

committees. An attempt to survey victims was not successful, with only two forms returned out of more than a thousand mailed out to therapists/counselors. The print media reported on our therapist survey, and a few victims called to get information on where to go for help after reading about our work -- perhaps the most important result of the survey.

Many of the changes we sought and still seek must be accomplished through legislative changes. For example, a law was passed in 1983 making it a misdemeanor for a "therapist," defined as "a physician, psychologist, social worker or other person providing psychotherapy services," to "intentionally [have] sexual contact with a patient or client during any treatment, consultation, interview or examination." It sounded good -- but was nearly unenforceable because of the "during any treatment..." clause, which district attorneys took to mean during a scheduled session for which a fee was charged. To the best of my knowledge, only one case was ever prosecuted under that statute, but it was never adjudicated because the alleged perpetrator died during surgery shortly before the trial.

With help from legislators and their staffs and from attorneys, we recommended more than a dozen changes in the law, including changing the penalty from a misdemeanor to a felony, changing the time period from "during any treatment ..." to "during any ongoing therapist-patient or therapist-client relationship," specifying that "consent is not an issue," adding nurses, chemical dependency counselors, clergy, and any "other person who performs or purports to perform psychotherapy" to the list, and extending the statute of limitations from three to 15 years. Those changes went into effect in 1986, and we're waiting for cases which fit the criteria to be identified and prosecuted.

One of the most important actions of the Task Force has been the production of a pamphlet, MAKING THERAPY WORK FOR YOU, which guides patients/clients on how to know what kinds of therapist activities are okay in therapy/counseling and what are not or might not be okay. Few people entering therapy have an idea of what to expect -- and few are willing to trust their gut feelings that something is wrong. We're aware of more than 25,000 copies of the pamphlet that have been printed by various groups -- in response to our printed request to "please reproduce without prior consent." The State Office of Mental Health has indicated that it is planning on sending perhaps a hundred copies to each of the state-certified mental health clinics (with a request to reprint on their own when that supply runs out), which will double the number in print. Through this means, our message can be carried far and wide, at no expense to us, but with great benefit to actual and potential victims.

We've periodically published position papers on germane topics, the two most recent of which offer "Model Policy Statements and Guidelines Regarding Sexual Conduct by Staff" of organizations, and "Guidelines for the Rehabilitation and/or Discipline of Therapists (Counselors) Who are Guilty of Sexual Exploitation of Clients (Patients)." Copies have gone to the Psychology and Medical Examining Boards and to all the professional organizations in Wisconsin of which we are aware, among others. As with all our publications, reprinting and borrowing of text without prior consent is invited.

From the beginning, we've kept the media informed about our activities. Starting with a few reporters, whom various of us knew, we expand the list each time we're called with a question by someone new or see a story written which addresses our issues. At present we send our monthly agenda and minutes to about 20 people in the media, keeping them apprised of what we're doing and prompting a few stories a year on matters related to our work. Public education is accomplished at minimal cost, with maximal coverage, by this means.

We've also been willing to put people on the mailinglist who request to be there, and have added others whom we wish to know of our work, whether or not they live in Wisconsin. Thus, our mailinglist has grown to about 130 at this time, and there is an exchange of information which occurs, permitting each of us to learn from the other's experience.

BECOMING A COALITION

As the work of the Task Force progressed, from January 1985 when non- psychology organizations were first invited to meet with us, a sense of ownership grew among the various groups, till there was talk of wanting to be more than a Task Force of the Psychological Association. When the majority of groups indicated a desire to move in this direction, including a willingness to split the cost of the organization, a governance agreement was drafted and eventually adopted, dues (\$100 minimum per year, most groups paying exactly \$100) paid, and, in May 1987, we became the Wisconsin Coalition on Sexual Misconduct by Psychotherapists and Counselors. The membership of the Coalition:

- Wisconsin Psychological Association
- Society of Clinical & Consulting Psychologists
- Wisconsin School Psychologists Association
- National Association of Social Workers -- WI Chapter
- Wisconsin Association of Outpatient Mental Health Facilities
- Mental Health Association in Wisconsin and in Milwaukee County
- Madison Campus Ministry
- Wisconsin Society of Clinical Social Workers
- American Association of Sex Educators, Counselors & Therapists
- American Association of Marriage & Family Therapists
- Wisconsin Nurses Association
- Wisconsin Alcoholism & Drug Counselor Certification Board
- Two "victim advocate" positions

The two relevant licensing boards, Psychology and Medicine, have been invited to send staff and/or Board members on an ex- officio basis. All the meetings are open -- and some of our best contributions come from people who aren't officially members/delegates but who are interested and who care.

We are presently discussing membership with the State Bar and the Wisconsin Dental Association, in the hope that they also will join with us, knowing that members of every profession have crossed the line and sexually assaulted some patients/clients. If they do, our name will likely change to "... Misconduct by Professionals."

A great disappointment was that the Wisconsin Psychiatric Association has turned down our invitation, the only mental health group to do so. They cited their desire to handle the problem within their profession through their ethics committee. Prior to the move to a Coalition structure, they had also indicated, informally, that they could not participate in a task force run by the state psychological association. Since the Chair of the Coalition is a psychologist, this may still be a factor. Without their contribution, however, our effort feels incomplete.

It has been a major advantage for the Task Force/Coalition to be independent. While there were a few tense moments when we wanted to say something that some people on the Psychological Association's Council were uncomfortable with, the Association never attempted to limit our work or our voice. With even greater independence as a Coalition, there is even less likelihood of limitations being imposed on our work. It seems unlikely we could have done as much in as short a time had we been a governmental body or had we used governmental funds for our work. WPA still provides very limited staffing and other assistance, and thus maintains a more substantial financial commitment than the other organizations.

AGENDA ITEMS CURRENTLY UNDER CONSIDERATION (A working agenda, updated as necessary over time):

- (1) To assist a legislator who has come to us for help drafting a bill which would mandate that a therapist who is told of sexual misconduct report that fact (but not anything which would identify the victim). We are actively discussing the matter at this time, and expect the bill to be introduced this fall.
- (2) To develop a list of existing services to victims, to identify how and how well they address the needs of victims, to identify how existing services can be improved and what service gaps need to be plugged, and so forth.
- (3) To identify mental health professionals who have appropriate knowledge and experience and who are willing to work with victims, and to disseminate these therapists' names to appropriate referral resources.
- (4) To continue to identify professional organizations whose members may engage in sexual misconduct, and invite them to join the Coalition.
- (5) To widely disseminate the products of our labor, including the MAKING THERAPY WORK FOR YOU pamphlet, a model organizational Code of Ethics, and recommendations for reforming the legal and administrative systems which are in place to protect the public.

INGREDIENTS FOR A SUCCESSFUL COALITION (not in priority order)

- (1) A lead group that will finance initial costs and provide staffing (paid or volunteer). The Wisconsin cost was about \$500 the first year, \$1,000 the second, \$1,400 the third (and, hopefully, hereafter).

- (2) A group of committed individuals who will attend meetings, divide up the work, and pursue other committed individuals and groups to join the effort.
- (3) A workaholic Chair and/or a small, highly committed central committee, who will do anything no one else is willing or able to do, from drafting documents to putting out mailings.
- (4) A survey of state mental health professionals or other means of demonstrating that there is a problem in YOUR state which needs to be addressed.
- (5) At least one victim. She (since most are female) should be someone who has gone through the process of complaining to a licensing board and has also conducted a civil lawsuit against the offending therapist. No one will be in a better position to communicate to the whole group the trauma involved in the sexual misconduct and its aftermath. The group needs that special education to appreciate what must be done if their work is to be successful. It would be beneficial to have more than one victim, since each will have something significant to contribute.
- (6) A cooperative effort by professional groups, state licensing or certification authorities, and victims. Since many of the questions which arise will involve legal issues, a lawyer will be needed at nearly all meetings. [We have been fortunate in having had the lawyer for the Psychology Examining Board at most of our meetings the first year and occasionally since, and in having had private bar attorneys at the majority of our meetings.] It is essential that "turf" issues be avoided, so that the purpose of the Coalition is not lost.
- (7) Legislators willing to learn about the problem, take an active interest, and sponsor legislation to remedy identified problems. They do not need to be official Coalition members but do need to get mailings and to be on call when needed for consultation and action.
- (8) Good media contacts, so that work of the Coalition is reported -- and accurately reported, without sensationalizing it.
- (9) Acknowledgement by all involved that there is a singular purpose for the Coalition: the elimination of abuse by professionals and providing assistance to their victims. Any issues which don't fall under these headings don't belong on the Coalition agenda, and it will be divisive if side issues become a focus of discussion or activity.

IN SUM, every state is capable of starting a coalition of professionals united around this issue. It is not terribly expensive, and does not involve an extraordinary amount of time. Psychologists should be at the forefront of this effort -- some of our colleagues are part of the problem, and it is an ethical imperative that we be part of the solution.